

GENERAL REFERRAL AND FUNDING CONSIDERATIONS

Making a Referral

A referral form has been developed for specific use by authorized representatives of the Aged and Disabled Medicaid Waiver, the Disabled Children's Program, the Disabled Persons and Family Support Program, and the Nebraska Developmental Disabilities Community Support Program. This form is to be used for individuals who are determined to be eligible for services under those four programs. In addition, the form is used to refer "ineligible" category individuals who are eligible for Aid to the Aged, Blind, and Disabled (AABD) assistance and do not meet Waiver criteria. All other ineligible individuals are referred to the Assistive Technology Partnership using the Service and Device Request Form (a multi-agency referral form).

A referral for Assistive Technology must meet all of the following criteria:

- The Assistive Technology service must be necessary to maintain the individual in their home or allow them to return to their home;
- The individual must have an appropriate, stable living arrangement; and
- Additional Medicaid costs can be reduced or prevented (such as a reduction in personal care hours or home health costs).

The Services Coordinator confirms that there is a need prior to making a referral. The need should be clearly stated on the referral form. The best way to do this is to make a statement which clearly indicates the limitation(s) of the consumer and the problem this creates. ATP will then identify the possible solutions. For example:

If the referral is worded, "The consumer needs a handrail," expect the referral to come back. This statement does not help us infer that there is any relationship between the request and the person's functional limitations as a result of their disability. This may simply be a request for a home repair item.

The request could be more appropriately stated as, "The consumer cannot get up and down the front steps." This statement tells ATP that the consumer has a mobility limitation and the steps to the front entrance create a barrier to accessing the home. While a handrail or ramp may be the solution, there may be other alternative entrances/exits to the home which may be easier to adapt. The exploration of appropriate alternatives is part of every assessment that is completed by ATP. The most successful and most used modifications are often the least invasive, least expensive kind.

Identifying a specific solution prior to an assessment by ATP creates an expectation for the consumer that they will receive a specific piece of equipment or home modification. The assessment may result in other more appropriate and cost effective solutions. Sometimes the consumer will perceive the recommendation to be more, and sometimes less, than what the Services Coordinator had suggested. While the individual's needs will be met, the expectations may influence their satisfaction with the services provided by both the Services Coordinator and ATP.

Parameters for Children (for consideration of AT Solutions)

- 1) Family environment is stable (long term and appropriate).
- 2) Technology or modifications could enhance family's ability to maintain child in the home or allow child to return to the home; and/or could reduce or prevent additional costs for services.
- 3) Technology or modifications could reduce risk of disability or injury to the child or caregiver.

- **When is AT appropriate for a child?**
Helps to perform a function and there are no other means
Provides access for participation
Increases endurance or ability to persevere and complete tasks
Supports normal social interactions with peers and adults
- **What AT is considered for children under the HHS Aged and Disabled Waiver?**
Modifications or devices to help a child move through and interact with their home environment. This includes some types of mobility devices, vehicle modifications and lifts, architectural modifications, aids to daily living, and environmental control units.

Technology devices covered under Medicaid, private insurance, or school are not covered under the Medicaid Waiver. This includes most cognitive and educational technology (switch-operated toys, computer hardware and software) which are for developmental purposes. Assistive listening devices, communication boards, and electronic augmentative communication devices are covered by Medicaid and/or the school and are generally not provided for under the Waiver.

- **When is it appropriate to refer a child to ATP for consideration of AT?**
Consideration must be given to the physical and cognitive developmental changes that the child is going through-their current and future expected status. Numerous factors can be considered but should include the age, weight, and ability level of the child in relation to the need or task to be completed. In addition, for children who require caregiver support, the physical and cognitive abilities of the care giver must be a part of the consideration of when it is appropriate to refer for assistive technology or home modifications.

CONSIDERATION	<i>Performs task independently</i>	<i>Decreases reliance on caregiver</i>	<i>Reduces risk of injury to individual or caregiver</i>
<i>Tasks are age appropriate</i>	Other children of similar age generally perform same task independently	Other children of similar age generally perform same task independently	Supports normal social interactions with peers and adults
<i>Individual's cognitive and physical (weight or mobility) status</i>	AT could assist to perform independently without assistance (Example: environmental control unit can allow for operation of lights, phone, and appliances)	AT could increase endurance or ability to persevere and complete task (Example: manual vs. powered mobility)	Weight or lack of mobility endanger child or caregiver in performance of tasks. AT could assist caregiver to safely perform task for individual (Example: transferring child into bath tub)
<i>Stability of physical/ cognitive development</i>	Abilities are expected to stay the same or increase. Has ability to perform task independently.	Abilities are expected to stay the same or increase. Has ability to perform task independently or with limited assistance.	Abilities of child are expected to stay the same or decrease. Physical ability of caregiver is expected to decline. (Example: child uses a manual wheelchair but is expected to get a power chair. Caregiver will not be able to lift powerchair into a vehicle)
<i>Timeliness of barriers (anticipation of future needs can be a part of solution but is not a basis for referral to ATP-need must be existing for a referral)</i>	There is no way to perform function without AT or home modification providing access for participation (Example: child's wheelchair no longer fits through doorway)	There is no way to perform function without AT or home modification providing access for participation	There is no way to perform function without AT or home modification

Prioritizing Needs and Solutions

Individuals may have multiple needs that require more assistance than is available under the Home and Community Based Waiver. ATP staff will work with the consumer to help prioritize eligible items and solutions that meet their needs and are covered under the Home and Community Based Waiver. It is important that an assessment be completed so that consumers can make informed decisions before setting their priorities. This prevents assumptions from being made based on inaccurate or incomplete information.

Closure of Cases for Lack of Contractor Quotes or Lack of Funding

If an assessment has been completed and no contractor quotes have been obtained, or a reasonable quote (as determined by the technology specialist) has not been provided, after a three month period of time, the case will be closed. The case can be re-opened at any time within the service eligibility year, if the consumer or Services Coordinator is able to obtain a reasonable quote for the work from a qualified contractor.

If an assessment has been completed and the cost for the assistive technology or home modifications exceeds the \$5,000 cap, and no funding has been found for the excess amount after a three month period of time, the case will be closed. The case can be re-opened at any time within the service eligibility year, if the consumer or Services Coordinator is able to obtain funding for the amount above the \$5,000 cap.

Consumer Share of Cost

If an individual currently has a monthly Share of Cost that is obligated to ongoing waiver services, no part of this SOC should be assigned to the assistive technology or home modification project. If an individual has to meet a monthly spend down before Medicaid eligibility is approved, waiver funding cannot be considered. An individual must have an active Medicaid case to be considered for waiver funding for assistive technology.

If an ATP project exceeds the waiver CAP for funding and additional funding sources have to be considered, a consumer may choose to contribute a portion of the project's total cost to expedite the project's completion. In this instance, the consumer's share of cost will be paid directly to the contractor/vendor, and that amount will be deducted from the authorization for the total cost of the project. For example:

If the total cost of the job is \$1,000, and the consumer share of cost is \$50, the total authorized by ATP to the contractor/vendor will be \$950. The consumer will pay the \$50 directly to the contractor/vendor.

Waiver Cap for Households With More Than One Family Member With a Disability

If there are more than one Home and Community Based Waiver qualified individual within a single household, the \$5,000 cap will be applicable for each individual, resulting in an increased cap for the household. For example:

Two children with disabilities live in the same household. Both of them have mobility limitations which result in the need for an accessible entrance to the home. The most appropriate solution is a wheelchair lift. The cost of the lift and installation is \$8,200. The entire cost is covered under the Home and Community Based Waiver as the cap for this

household would be \$10,000 for home modifications because both children have a mobility limitation.

Repeat Requests

Accommodations or modifications of the same type shall typically be made once for each person with a disability under the Home and Community Based Waiver.

- Additional accommodations or modifications may be made when the need results from a worsening of the person's disabling condition or the development of new functional limitations.
- Modifications may be made in situations where the person or his or her family relocates to different property for good cause. Good cause reasons include transfer to maintain employment or to accept new employment, termination of a rental or lease agreement by the owner, or other causes as determined acceptable by the HHSS Oversight Committee.
- Additional accommodations or modifications may be made when the assistive device or modification is no longer functioning due to no fault of the consumer and it is not feasible to repair the current device.

Consumer Contributions

Consumers may help pay costs that are above the \$5,000 Waiver Cap for assistive technology or home modification solutions recommended/authorized by ATP. This contribution should not be in duplication of costs billed to the Medicaid Waiver or other funding resources identified.

"Notice of Action" HHS-6

The HHS-6 "Notice of Action" Form is to be completed and sent by Aged & Disabled Home & Community Based Medicaid Waiver staff for the withdrawal or cancellation of ATP referrals for Waiver Eligible or Assistive Technology Only cases. The ATP Technology Specialist will complete the HHS-6 Form each time the determination or denial of Home Modification/Assistive Technology Equipment is made.

Repair of Assistive Devices/Modifications

Repair will include the fixing or replacement of parts or batteries required to allow for the continued use of the device or modification. The following conditions must be met:

- The cost must be greater than \$25.00.
- Any particular part required for the continued use of the device or modification is limited to only one repair or replacement per eligibility year.
- The repair must not be covered by another resource such as insurance, Medicaid, or is under warranty.
- The consumer has not exceeded the Waiver cap; and
- The repair will be considered whether the device/modification was purchased by the waiver or not, as determined appropriate by the technology specialist.

Repair request on closed Waiver cases should begin with a contact by the service coordinator to Jackie Rapier HHSS central office for process direction.

Recycled Assistive Equipment

www.at4all.com is a statewide free online service to list and find equipment in Nebraska. Equipment is available for loan, for sale, for demonstration or for giving away. There are a wide variety of categories to browse through including: ambulatory devices, children's equipment, environmental controls, lifts, ramps, vehicles and vehicle lifts, and wheelchairs. Contact at www.at4all.com or call Cozad at 1-800-652-0033/308-784-4525 or Omaha at 1-877-201-4141/402-595-1923.

Appeals

If questions or concerns arise regarding the services or solutions from the Assistive Technology Partnership (ATP), the consumer may contact their Services Coordinator and/or Technology Specialist for further discussion and information. This discussion opportunity is an informal way to resolve concerns.

The consumer may also choose to appeal any decisions through the regular Medicaid appeals process. If a project/equipment is denied by ATP, the ATP Technology Specialist will send a written notice, Form HHS-6, "Notice of Action," which contains a complete statement of the consumer's right to appeal and the process to file a Medicaid appeal. The consumer has the right to appeal the denial of services.

ASSISTIVE TECHNOLOGY DEVICES

Assistive Device Solutions that are covered

Aids to Daily Living (that are essential for health and well being) for:

- Personal care
- Eating
- Bathing
- Dressing
- Hygiene
- Housekeeping
- Communication

Additional examples of possible solutions to functional limitations in these areas include: reachers, magnifiers, hand held showers, pant clips, trouser pulls, built-up shoe horns, bowl holders, pan holders, suction brushes, jar and bottle openers, spring scissors. Remember, do not anticipate specific solutions as the assessment may result in alternatives which are more appropriate.

Note that any assistive technology devices must be appropriate to the needs of the individual as a result of limitations due to their disability. For example:

A request is made to help a person who has arthritis and experiences a great amount of difficulty in performing personal care activities. During the assessment, possible solutions may include a long handled scrub sponge for bathing, a hands free hair dryer for hygiene, sock aids and button hooks for dressing, and built up utensils for eating.

Assistive Device Solutions that are NOT covered

• Items covered by regular Medicaid

This includes grab bars, bath benches, shower chairs, specialized beds, seat lift chairs, patient transfer lifts, crutches, walkers, wheelchairs, scooters, augmentative communication devices, and whirlpools. There may be specialized instances where these devices would not be covered

by Medicaid. In those cases the Home and Community Based Waiver may cover the items, if appropriate, and Medicaid has denied the request.

- Equipment which is considered appropriate for the developmental needs of a child. Referrals will be made to the Early Intervention Planning Region Team, school district, or IEP team for inclusion as appropriate.

This includes specialized play equipment, instructional equipment so the individual can do homework, or other writing devices and computers necessary for school use.

- Recreational and/or exercise solutions
Other resources in the community should be considered such as used equipment for purchase or other locations where equipment is available for public use: senior centers, hospitals, or schools.
- Other items not covered include:
 - Security items
 - Devices or modifications already purchased or completed
 - Computers (see other considerations)
 - Back-up devices
 - Furniture or appliances
 - Air conditioners
 - Clothing or bedding
 - Disposable medical or hygiene supplies

Medicaid/ Medicare Denial of Durable Medical Equipment

Written verification of a denial is needed and should be provided with the referral to ATP for durable medical equipment requests. The verification needed is a copy of the written denial from Medicare / Medicaid from the vendor (or consumer) or a copy of the written correspondence (e-mail) with Mike Laughlin, HHSS Central Office for Medicaid issues. This procedure is in place to ensure that the request has been through the Medicare/ Medicaid system and has not been delayed due to other reasons, such as additional information was requested and not received. The ATP technology specialist will verify if the equipment requested is appropriate or if other solutions are needed.

Second equipment requests

Equipment requested as a back-up device to rely on in the event that the consumer's current device breaks down and requires repair or maintenance will not be considered for funding. Requests for devices within the same general area of need, such as mobility or vision, will be considered on a functional need basis. For example:

An individual may be able to use a walker for getting around within the home but does not have the strength or endurance to travel long distances with the walker. The individual may need a wheelchair or a scooter to be able to get to medical appointments, do shopping and other activities necessary to continue living independently. In such a case the specific need would require the use of two *different* kinds of mobility devices.

Computer Requests

A computer may be authorized if it is determined to be the most appropriate solution to meet the identified need. A stand alone computer system that does not require any modifications to make it functionally accessible to the individual with a disability will not be funded. Systems that function as an environmental control and require software and/or hardware adaptations to operate may be considered as appropriate solutions. For example:

A request is made, "The consumer needs a computer." This request will not be considered because there is no stated need related to the individual's disability and functional limitations. A request such as, "The consumer is unable to independently operate the lights and appliances in their home," will trigger an assessment to be completed by ATP and it may lead to a determination that a computer is an appropriate solution to allow the person to independently control their environment.

VEHICLE MODIFICATION SOLUTIONS

Vehicle Modifications/Repairs

REPAIRS ARE FOR THE MODIFICATION TO A VEHICLE.

Requests for accessibility modifications/repairs to a vehicle (such as installation of a van lift or lowering a van floor) that is more than 4 years old or whose mileage exceeds 50,000 miles, will require the consumer to obtain a statement from a qualified mechanic that the vehicle is in good operating condition. The consumer or their family will be responsible for costs of having vehicle inspected and any repairs to get the vehicle into good operating condition.

Verification of vehicle ownership will also be required and may be accomplished by submitting a copy of the owner's registration or application for registration or by a documented visual check by the services coordinator or the technology specialist. If the consumer is an adult, their name must be on the title/registration/application for registration for the vehicle before the Home and Community Based Waiver will be involved in the vehicle modification/repair request.

Through the Home and Community Based Waiver, used accessibility equipment/modification in used vehicles can be covered, after the ATP technology specialist has verified the equipment/modification is appropriate. The amount of financial assistance is based on present average costs and depreciation of 20% for each year of use. The amount of financial assistance provided by the Waiver cannot exceed the estimated current value of modifications. The age of modifications is based on the date modifications went into use.

Age of modifications	New	1	2	3	4	5
Value	100%	80%	60%	40%	20%	0%

The Waiver may assist with the cost of the accessibility equipment/modification in a new vehicle, after the ATP technology specialist has verified the equipment/modification is appropriate. It was also recommended that any rebates provided to the consumer be applied to the cost of the adaptive equipment. For example: If the adaptive equipment sale price in the new vehicle is: \$7,000, the manufacturer rebate is \$1, 500, and the mobility rebate is \$1,000; the total authorized by ATP to the vendor will be \$4,500.

Vehicle Modification Solutions that are covered:

Examples of possible solutions include:

- Wheelchair Carrier for top of car
- Wheelchair lifts
- Wheelchair Ramps

Vehicle Modification Solutions that are NOT covered include:

- Devices or modifications already purchased or completed
- Vehicles such as a car or van
- Modifications/repair not related to vehicle accessibility
- General maintenance of vehicle

HOME MODIFICATIONS

Home modifications or solutions are physical adaptations to the primary residence of a person experiencing a disability. Home modifications or solutions are limited to the most cost effective modification or solution that enables the person experiencing a disability to achieve greater independence.

Home Modifications Solutions for access and independence that are covered

Examples of possible solutions include:

- Accessible entrance into the home
- Door widening to provide accessible routes of travel within the home to the bedroom, bathroom and kitchen
- Roll-in shower
- Roll-under sink
- Raised toilet
- Wheelchair lifts
- Stairglides
- Door levers
- Ramps
- Door openers
- Signaling devices
- Environmental control units

Home Modification Solutions that are NOT covered:

Home maintenance and repairs, railings, porches, floor and roof repairs, and general maintenance requests are not covered if not specifically related to a functional limitation due to the individual's disability. If the structure is in such condition that it cannot meet general housing quality standards, it may be recommended that it is not feasible to modify the property for accessibility.

Other Items NOT covered:

- Access to the basement for use as a storm shelter or recreation
- Pools and recreational decks
- Security items
- Remodeling not related to accessibility or disability-related needs
- New construction
- Devices or modifications already purchased or completed
- Fences
- Modifications to public common areas

Housing Quality Standards

Prior to resolving accessibility issues, the individual's home should be in such condition that the property does not present a health and safety risk to the individual that is greater than the problems presented by the lack of accessibility. A guide has been developed to help services coordinators and technology specialists conduct a visual assessment of the current home to determine if there are any observable health and safety issues to consider. Hazardous defects in the structure (walls, floor, ceiling, foundation, roof), electrical, or plumbing problems/code violations will need to be corrected prior to any modifications for accessibility can be completed. The Technology Specialist may also note other conditions which singly or cumulatively result in a recommendation to delay modifications for accessibility until corrected. Please refer to the Home Assessment Guide for a list of possible items. The Services Coordinators will be made aware of major deficiencies so that they can work with the individual to find alternative funding for needed repairs.

Exceptions may be made when there are no other choices for housing that are available to the consumer or the impact of relocation would jeopardize the health or welfare of the individual. This determination will be made by the Services Coordinator in conjunction with the Technology Specialist.

Rental Properties

If the individual with a disability resides in a rental unit, the landlord will be asked to assure that they will make the property available to an occupant with a disability and list said property on www.housing.ne.gov if the individual moves out of the property.

New Construction

New construction is not covered. Coverage of any accessibility features for a new home should be accounted for in the planning stages and are not covered under the guidelines.

Additions to existing structures

In cases where the existing bathroom cannot be modified for accessibility due to a lack of space or other design factors, and the family has the resources to build an addition to the existing home, the Waiver can pay for accessibility-related items for the bathroom. For example:

Plumbing to complete the bathroom, an accessible toilet, a roll under sink, a roll-in shower or accessible bathtub, and fixtures are eligible items for assistance up to the cap amount of the consumer. Heating, A/C, electrical, wall and floor finishes are not to be covered as they would be required for any addition and not related to accessibility requirements.

Kitchen/Laundry Modifications

Kitchen/ Laundry assistive devices or modifications can be covered if they result in a reduction or prevention of costs, such as chore services or home-delivered meals. If a referral will not result in any direct cost savings to Medicaid, a referral should not be made.